

TIPPECANOE COUNTY HEALTH DEPARTMENT

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TEMPORARY FOOD SERVICE ESTABLISHMENT APPLICATION

Tippecanoe County Ordinance 2001-21-CM defines any food service, retail food service, or mobile food service establishment that operates at one location for a period of time not to exceed 14 consecutive days as a temporary food establishment.

Please complete the following in its' ENTIRETY

Establishment Name: _____
Name of Event or Operation: _____
Location of the Event _____
Owners Name: _____
Owners Address: _____
Telephone Number: _____

A separate permit is required for each unit that operates, and is subject to the following:

Fee Schedule:

1-3 Days: (consecutive) \$20.00

Each Additional Day \$5.00

Not-for-Profit Exempt - No Fee - Tax ID Number: _____

Dates of Event: _____ Time of Set Up: _____

Total Number of Days: _____ Total Number of Units: _____

Total Fee Due: _____
(make check payable to Tippecanoe County Health Department)

Check the one that applies to your facility:

Sewage Disposal

Public _____

Private (septic) _____

Water Supply

Bottled _____

Public _____

Private (well) _____

must submit satisfactory
water sample 30 days
prior to operation.

Signature: _____ Date: _____